

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015469

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **149**

Primary Registration District No. **1005**

Registrar's No. **1978**

FILED APR 20 1962

VS 300
Rev. 4/59

1

2 **3718**

3

4 **1**

5 **2**

6

7 **0**

8 **0**

9525X

10

11

1290-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Florence E. Mac Innis MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **KANSAS CITY**

Length of stay in 1b
73 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **3624 WARWICK**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **JACKSON**

c. CITY OR TOWN **KANSAS CITY**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4436 FAIRMOUNT

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
FLORENCE MARGARET SLATER

4. DATE OF DEATH Month Day Year
APRIL 7 1962

5. SEX

FEMALE

6. COLOR OR RACE

CAUC.

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

AUG. 10, 1888

9. AGE (last birthday)

73 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RET. OFFICE CLERK

10b. KIND OF BUSINESS OR INDUSTRY

MO. STATE GOVT.

11. BIRTHPLACE (City and state or country)

KANSAS CITY MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

FREDERICK MECKER

13b. MOTHER'S MAIDEN NAME

MARY ELLEN O'BRIEN

14. NAME OF HUSBAND OR WIFE

FRANK M. SLATER (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. MARK K. HANNON Rt. 1

GRANDVIEW MO.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolism

INTERVAL BETWEEN ONSET AND DEATH

None

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary Fibrosis & Emphysema with unexpandable right apex and pneumonia 5 months

2 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **April 12 1961** to **April 7 1962** and last saw her alive on **April 7 1962**. Death occurred at **1:40 P** m of the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Blanche Mac Innis MD

22b. ADDRESS

4426 Hickory

22c. DATE SIGNED

4/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

APRIL 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

ST. MARY'S CEMETERY

23d. LOCATION (city, town, or county)

KANSAS CITY MO.

24. FUNERAL DIRECTOR

MUEHLBACH

ADDRESS

6800 TROOST

25. DATE RECD. BY LOCAL REG.

4-9-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr Florence MacEnnes
4620 Nichols Pkwy
LO 1-7288
2-4 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, it should be so stated above.